

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-046139
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 50 Primary Registration District No. 5178 Registrar's No. 70

FILED JAN 7 1963

1. PLACE OF DEATH a. COUNTY <u>Camden</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Camden</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jasper Twn</u>		c. CITY OR TOWN <u>Sunrise Beach</u>	
Length of stay in 1b <u>7 yrs</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3 Mi SE Sunrise Beach</u>		d. STREET ADDRESS (If outside, give location) <u>3 Mile S. E.</u>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <u>Jess</u> Middle <u>Craven</u> Last <u>Atkisson</u>			4. DATE OF DEATH Month <u>Dec</u> Day <u>28th</u> Year <u>1962</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>May 1, 1892</u>	9. AGE (last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Photographer</u>		11. BIRTHPLACE (City and state or country) <u>Hillsdale, Kansas</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>					
13a. FATHER'S NAME <u>Atkisson</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Craven</u>		14. NAME OF HUSBAND OR WIFE <u>Alleta Johnson Atkisson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>---No---</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>		17. INFORMANT <u>Eugene Johnson - K. C., Mo</u>	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart Disease</u>		<u>Known since 1961</u>
DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
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20c. TIME OF INJURY Hour _____ s.m. _____ p.m. _____	Month, Day, Year <u>Dec 1 1961</u>		
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from <u>Dec 1 1961</u> to <u>Dec 28 1962</u> and last saw <u>her</u> alive on <u>Dec 20 1962</u>	
Death occurred at <u>11:50 A</u> on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE <u>Jack Gunn MD</u> (Degree or title)	22b. ADDRESS <u>Versailles, Mo.</u>	22c. DATE SIGNED <u>12-29-62</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Dec 31, '62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>East Slope Mem. Gardens</u>	23d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas Mo.</u>
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24. FUNERAL DIRECTOR <u>Kidwell Funeral Home-Versailles, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Dec 31-1962</u>	26. REGISTRAR'S SIGNATURE <u>Zilpha J. Traw</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF
13a	Geo. B. Atkisson	Geo. B. Atkisson
14	Alleta Atkisson	Alleta Johnson
23cd	East Slope Mem. Garden--N.K.C.Mo.	--Highland Park--K.C. Kansas

BY AFFIDAVIT OF Funeral Director

MEDICAL CERTIFICATION

JAN 9 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

E. A. Barthman

Licensed Embalmer No. 4021

P. O. Address Versailles, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Aliquota containing names will not be accepted: name and date